

INFORMATION PAPER

MCMR-MMO-S
October 2010

SUBJECT: FY10 Medical Equipment Reset Strategy – Maintenance Focused

1. PURPOSE. Provide an overview of the MEDCOM strategy to reset medical equipment and sets

2. Talking Points.

- Equipment Reset as defined by the Department of the Army is the repair, refurbishment, recapitalization and replacement of equipment that has been deployed to the CENTCOM AOR
- USAMMA is the lead organization to execute FY10 Medical Equipment Reset – Maintenance Focused
- Medical Equipment Reset is primarily delivered and supported with depot level support (sustainment)
- All units requesting Reset support must claim (NLT Rtn-120) and must EXECUTE their Reset plans in the Automated Reset Management Tool (ARMT) NLT Rtn-90 and USAMMA will provide disposition instructions within 72 hrs.
- Units redeploy to home station with all organizational medical equipment and sets
- No organizational medical equipment will be inducted in theater
- USAMMA will Reset medical LINs/NIINs via simultaneous equipment/set induction and Reset-Fielding/Direct Exchange (DX) at Home Station by Rtn+180 for Compo 1 and Rtn+360 for COMPO II & III units
- All LINs and NIINs Reset by USAMMA will be Reset to the current authorized unit assemblage
- USAMMA will Reset field all required medical maintenance significant equipment to ensure current technological and clinical capability
- Sets are built using the Theater Enterprise Wide Logistics System (TEWLS) at DLA assembly sites as well as IDIQ contractor locations
- USAMMA provides comprehensive Reset support using refurbished, repaired, and new materiel
- USAMMA will induct recapitalization items back to depots (see the most up-to-date recapitalization list at <https://www.us.army.mil/suite/kc/9729583/>)
- Items not inducted by USAMMA will be retained by the unit for training and/or local re-distribution, cross-level, or turn-in per command policy via the Installation Medical Supply Activity (IMSA) and the Defense Reutilization and Marketing Office (DRMO)
- Reset ends when all equipment and eligible sets have been received or fielded to the unit and the unit can report a minimum of S2/R2 for their medical equipment and sets in their USR
- All post-Reset expendable shortages are a unit level responsibility, to be requisitioned and reconstituted using unit programmed operational and maintenance funding
- Reconstitution of assemblage consumables for units with greater than 12 month projected dwell is the responsibility of the unit using operational and maintenance funding and overseas contingency operations (OCO) funding prior to deployment.
- Units will reconstitute their consumables ICW their supporting IMSA based on training requirements as they enter the train/ready and available phases of ARFORGEN
- The intent of ARFORGEN is not to have full sets all of the time, but to have what is needed for ARFORGEN directed training and readiness requirements

3. Facts.

a. Prior to mid-FY08, medical equipping Reset efforts were fragmented, un-synchronized and placed the primary burden on units to conduct Reset of their equipment and assemblages at the field level upon redeployment. In conjunction with the IMSA, units used limited organic and higher command resources to Reset their medical equipment items, Sets, Kits and Outfits (SKOs).

b. This approach led to many BCTs, Enabling Brigades, and Echelon Above Brigade (EAB) units not being able to properly Reset their medical equipment and sets in preparation for their next mission. This problem was further compounded with the fact that most deploying units had older medical assemblages (2003 or older) and experienced very short dwell times (less than 12 months). The current Department of the Army Equipping Strategy is to Reset all redeploying units in support of the Army Force Generation (ARFORGEN) cycle with a focus on resetting maintenance significant items. The MEDCOM and the US Army Medical Materiel Agency (USAMMA) are currently in relentless pursuit of the same strategy for medical equipment and materiel.

c. The current Medical Equipment Reset Program covers all Army units, regardless of unit type or COMPO.

d. Beginning FY10, Medical Equipment Reset transitions from a LIN based Sustainment/Field Level strategy to a LIN and NIIN strategy based on current unit assemblages and focuses efforts on resetting medical maintenance significant items. All re-deploying units are Reset based on the LIN/NIINs currently being fielded by USAMMA.

e. Primary aspects of the FY10 Medical Equipment Reset Program:

1) Regardless of the current vintage of LIN/NIINs on-hand, USAMMA will provide a direct exchange of all Maintenance Significant Equipment (TIC Code: C) items for each authorized Set, Kit, & Outfit (SKOs) in accordance with the latest Unit Assemblage (UA) in order for unit to achieve a minimum of S2/R2 USR reporting standards by the end of the Reset phase.

2) All MTOE authorized Test, Measurement, & Diagnostic Equipment (TMDE) (TIC Code: T) will be exchanged by USAMMA during Reset.

3) All exchanged items will not be inducted. USAMMA will ONLY induct recapitalization items back to its depots while others may be sent to DRMO since they are no longer clinically acceptable or have met their maintenance life expectancy. See recapitalization list at <https://www.us.army.mil/suite/kc/9729583/>

4) For all units, only those LINs that deployed and redeployed IAW ARMT plans will be eligible for Reset.

5) Units with a projected dwell time of less than 12 months must begin coordination with USAMMA as early as possible in order to identify requirements that exceed the normal Reset program.

6) Medical Equipment Reset is complete once numbers one and two, above, have been accomplished. All post-Reset expendable shortages become a unit level responsibility, to be requisitioned and filled utilizing operational and maintenance funding.

7) In addition to direct exchange of equipment items and TMDE, USAMMA will Reset field eligible units all sets and equipment that 1) are newly authorized since the unit's previous Reset or modernization fielding and have not been purchased by the unit, 2) have been left as Theater Provided Equipment (TPE) (requires TPE directive), or 3) have been destroyed or lost due to battle or Financial Liability Investigation of Property Loss (FLIPL).

8) All units requesting Reset support must claim (NLT Rtn-120) and EXECUTE their Reset plans in the Automated Reset Management Tool (ARMT) NLT Rtn-90 and USAMMA will provide disposition instructions within 72 hrs. Units who fail to do so will jeopardize the Medical Reset of their equipment and sets.

f. Key take-aways to remember are:

1) Reset is executed based on LIN and NIIN vintage, regardless of unit type or COMPO.

2) FY10 Medical Equipment Reset is focused on medical maintenance significant items, not replenishing expendable items in unit assemblages.

3) Units are expected to maintain and retain their previously fielded durables; Non-expendable equipment items will be Reset by USAMMA.

g. Units are encouraged to make initial contact with their USAMMA Reset point of contact by Rtn-120 by contacting the USAMMA EOC at usammaeoc@amedd.army.mil or calling DSN 312-343-4408 or commercial 301-619-4408.

h. USAMMA plans to provide the latest series of medical equipment to each redeploying unit during Reset fielding's. USAMMA is funded and responsible for Medical Equipment Reset for the Department of the Army and will require all eligible units to conduct induction of medical equipment at home station using unit personnel and Reset Materiel Fielding Teams (MFT), provided by USAMMA.

i. Reset MFTs will consist of medical maintenance technicians as well as a mixture of government, military and contractor medical logistics experts. The Reset MFTs will work closely with unit Reset OICs, the local Army Sustainment Command organization (LSE or AFSBn) and higher level command representatives. The Reset MFT's primary purpose will be to induct medical maintenance significant items at home station and to simultaneously field new or re-furbished/re-capitalized medical equipment and sets, when required. All equipment and sets will be fielded via the latest available unit assemblage listings.

j. The Medical Equipping Reset Program will also require eligible units to consolidate all "to-be" inducted equipment items (refer to current Recap List) at home station prior to Reset and conduct organizational level PMCS using DA form 2404, with the goal of identifying condition code on each medical maintenance significant item (TIC C) before the Reset MFT conducts the Reset Fielding. Maximum use of organic and local 68A/670A medical maintenance providers is highly encouraged prior to and during the Reset phase. Units with limited 68A/670A medical maintenance providers are encouraged to seek assistance from medical logistics units or their local IMSA. These actions will assist the Reset MFT in making on-the-ground final disposition decisions in the event items are in question for recapitalization.

k. Refer to the Power Point Brief Titled, "Army Medical Equipment Reset – FY10 Information Brief" found on the USAMMA web site http://www.usamma.army.mil/army_medical_reset_information.cfm or <https://www.us.army.mil/suite/kc/9729583/> for further details and contact information.

l. USAMMA will publish the current Maintenance Significant Equipment (see Equipment in each set at <https://www.us.army.mil/suite/kc/9729583/>) or http://www.usamma.army.mil/army_medical_reset_information.cfm

m. USAMMA will publish the current SKO UAs (see Current Set NIIN per UA at <https://www.us.army.mil/suite/kc/9729583/>) or http://www.usamma.army.mil/army_medical_reset_information.cfm